

**BASELINE MONITORING REPORT
WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS**

SECTION A – GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

Zip Code _____ Telephone Number (_____) _____

A.2. Address of production or manufacturing facility. (If same as above, check [☐])

Zip Code _____ Telephone Number (_____) _____

A.3. Does your firm: Own [☐] Rent [☐] Lease [☐] Other (explain) [☐] the property on which your production or manufacturing takes place?

A.4. Name, title, and telephone number of person authorized to represent this firm in official dealings with the Sewer Authority and/or City:

Note to signing official: In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date

Signing Official (Seal, if applicable)

A.5. Alternate person to contact concerning information provided herein:

Name _____ Title _____ Tel. No. _____

A.6. Identify the type of business conducted (restaurant, auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc).

A.7. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

A.8. Standard Industrial Classification number(s) [SIC Code] for your facilities:

A.9. This facility generates the following types of wastes (check all that apply):

☐ Domestic wastes (restrooms, employee showers, etc.)

☐ Cooling water (contact ☐ non-contact ☐ boiler/tower blowdown ☐

☐ Process wastes

☐ Air pollution control wastes (scrubber system, etc.)

☐ Stormwater runoff to sewer system

☐ Other (describe) _____

A.10. Wastes are discharged to (check all that apply):

☐ Sanitary sewer

☐ Storm sewer

☐ Septic tank

☐ Removed by waste hauler

☐ Ditch, creek, river, or other water body

Permitting Authority _____

Permit number _____

☐ Other (describe) _____

A.11. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

Yes ☐ No ☐

SECTION B – WATER USE

B.1. Water in this facility is obtained from (check all that apply):

☐ City/Public supply

_____ gallons per day (average)

☐ estimated volume

☐ measured volume – method of measurement _____

Public Water Supply account number(s) _____

☐ Well or other Private Supplier

_____ gallons per day (average)

☐ estimated volume

☐ measured volume – method of measurement _____

☐ River, creek, or other water body

_____ gallons per day (average)

☐ estimated volume

☐ measured volume – method of measurement _____

☐ Other (describe) _____

_____ gallons per day (average)

☐ estimated volume

☐ measured volume – method of measurement _____

B.2. Water use within the facility (check all that apply):

Average gallons
per day

- | | | | | |
|----|--|-------|------------------------------------|-----------------------------------|
| 1. | <input type="checkbox"/> Sanitary | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 2. | <input type="checkbox"/> Water into product | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 3. | <input type="checkbox"/> Cooling water | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 4. | <input type="checkbox"/> Boiler feed | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 5. | <input type="checkbox"/> Process | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 6. | <input type="checkbox"/> Equipment/facility washdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 7. | <input type="checkbox"/> Air pollution control unit | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 8. | <input type="checkbox"/> Other (describe) _____ | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

Total B.2.1 thru B.2.8

B.3 Briefly describe any water recycling or water reclamation processes or units your facility uses.

Note: If your facility did not check one or more of the items listed in B.2.3 through B.2.8 above, then you do not need to complete any further sections in this survey/application. If any items B.2.3 through B.2.8 were checked, complete the remainder of this survey/application.

SECTION C – FACILITY OPERATION CHARACTERISTICS

- C.1. Number of employee shifts worked per 24-hour day is _____.
Average number of employees per shift is _____.
- C.2. Starting times of each shift: 1st _____ am/pm 2nd _____ am/pm 3rd _____ am/pm
Note: The following information in this section must be completed for each product line.
- C.3. Principle product produced: _____
- C.4. Raw material and process additives used:

- C.5. Production process is:
☐ Batch ☐ Continuous ☐ Both _____% batch _____% continuous
Average number of batches per 24-hour day _____
- C.6. Is production subject to seasonal variation? ☐ Yes ☐ No
If yes, briefly describe seasonal production cycle.

- C.7. Hours of operation: _____ a.m. to _____ p.m. ☐ continuous
- C.8. Are any process changes or expansions planned during the next three years?
☐ Yes ☐ No
If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

SECTION D – WASTEWATER INFORMATION

- D.1. Check all activities and indicate SIC Code(s), if known, for processes at your facility which generate wastewater or sludge.

	SIC No.		SIC No.
<input type="checkbox"/> Electroplating	(_____)	<input type="checkbox"/> Photographic processing	(_____)
<input type="checkbox"/> Flammables/explosives	(_____)	<input type="checkbox"/> Plastics processing	(_____)
<input type="checkbox"/> Food preparation service	(_____)	<input type="checkbox"/> Printing	(_____)
<input type="checkbox"/> Laboratory	(_____)	<input type="checkbox"/> Repair shop, garage	(_____)
<input type="checkbox"/> Laundry, cleaning	(_____)	<input type="checkbox"/> Research	(_____)
<input type="checkbox"/> Machine shop	(_____)	<input type="checkbox"/> Rubber processing	(_____)
<input type="checkbox"/> Medical care	(_____)	<input type="checkbox"/> Steam/power generation	(_____)
<input type="checkbox"/> Painting, finishing	(_____)	<input type="checkbox"/> Warehousing/offices	(_____)
<input type="checkbox"/> Paint or ink formulation	(_____)	<input type="checkbox"/> Other (specify)	(_____)
		_____	(_____)
		_____	(_____)

The information in the remainder of this section must be completed for each activity identified above.

D.2. Activity/product line: _____

Discharge or water loss to:

	Average gallons per day		
<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured

Provide name and address of waste hauler, if used.

D.3. Is any pretreatment provided prior to discharge/disposal of wastes?

☐ Yes ☐ No (if no, go to D.5.)

D.4. Pretreatment devices or processes (check as many as appropriate)

<input type="checkbox"/> Sump	<input type="checkbox"/> Chemical precipitation
<input type="checkbox"/> Septic tank	<input type="checkbox"/> Reverse Osmosis
<input type="checkbox"/> Grease trap	<input type="checkbox"/> Ion exchange
<input type="checkbox"/> Grease or oil separation	<input type="checkbox"/> Ozonation
Type _____	<input type="checkbox"/> Chlorination
<input type="checkbox"/> Screen	<input type="checkbox"/> Solvent separation
<input type="checkbox"/> Grit removal	<input type="checkbox"/> Spill protection
<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Air flotation
<input type="checkbox"/> Flow equalization	<input type="checkbox"/> Centrifuge
<input type="checkbox"/> Filtration	<input type="checkbox"/> Cyclone
<input type="checkbox"/> Rainwater diversion or storage	<input type="checkbox"/> Neutralization, pH correction
<input type="checkbox"/> Other physical treatment, type _____	
<input type="checkbox"/> Other chemical treatment, type _____	
<input type="checkbox"/> Biological treatment, type _____	
<input type="checkbox"/> Other, type _____	

Note: Please include a process flow diagram for each pretreatment system. Include brief descriptions of equipment, wastewater pollutant concentrations before and after pretreatment, by-products produced and methods of disposal, wastewater and by-product volumes, design parameters, and general operating and maintenance procedures.

D.5. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

D.6. Priority Pollutant Information: Please indicate by placing an “x” in the appropriate box by each listed chemical whether it is “Suspected to be Absent,” “Known to be Absent,” “Suspected to be Present,” or “Known to be Present” in your manufacturing or service activity or generated as a by-product.

Item No.	Chemical Compound	Suspected absent	Known absent	Suspected present	Known present	Item No.	Chemical Compound	Suspected absent	Known absent	Suspected present	Known present
I. Metals and Inorganics											
1	Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Bezine, 1, 2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	Bezine, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Bezine, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	Bezine, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	Toluene, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	Toluene, 2, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IV. PCB's and related compounds					
9	Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Phenols and Cresols						46	2-chlorophthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. Ethers					
17	Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	Ether, bis(chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Phenol, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	Ether, bis(2-chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Phenol, 2, 4, 6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	Ether, bis(2-chlorosopropyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	Ether, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	Ether, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	Ether, 4-chlorophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	Bis(2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Phenol, 2, 4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VI. Nitrosamines and other Nitrogen-containing compounds					
25	m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	o-Cresol, 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Monocyclic Aromatics (Excluding Phenols, Cresols And Phthalates)						56	Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Bezine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57	Benezidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Bezine, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58	Benezidine, 3, 3'-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Bezine, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59	Hydrazine, 1, 2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Bezine, 1, 3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Bezine, 1, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Item No.	Chemical Compound	Suspected absent	Known absent	Suspected present	Known present	Item No.	Chemical Compound	Suspected absent	Known absent	Suspected present	Known present
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VII. Halogenated Aliphatics

61	Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Methane, dichlorodifluoro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Ethane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Ethane, 1, 1, 1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Ethane, 1, 1, 2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Ethane, 1, 1, 2, 1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	Ethanehexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Ethane, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Ethane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Ethane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	Propane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Propane, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Phthalate Esters

86	Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90	Phthalate, bis(2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. Polycyclic Aromatic Hydrocarbons

92	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

95	Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	Benzo (b) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99	Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101	Dibenzo (a,n,) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	Fluorine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. Pesticides

108	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110	BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111	BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112	BHC (gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113	BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115	DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116	DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117	DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119	Endosulfan (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120	Endosulfan (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121	Endosulfan Sulphate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | Reference Number | Sewer Size(inches) | Descriptive location of sewer connection or discharge point | Average Flow (gpd) |
|------------------|--------------------|---|--------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

- [illegible]

SECTION E – OTHER WASTES

E.1. Are any liquid wastes or sludges generated not disposed of in the sewer system?

☐ Yes ☐ No

If “No,” skip remainder of Section E.

If “Yes,” complete items 2 through 4.

E.2. These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalis	_____
<input type="checkbox"/> Heavy metal sludges	_____
<input type="checkbox"/> Inks/dyes	_____
<input type="checkbox"/> Oil and/or grease	_____
<input type="checkbox"/> Organic compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating wastes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (specify)	_____
_____	_____
<input type="checkbox"/> Other wastes (specify)	_____
_____	_____
_____	_____

E.3. For the above checked wastes, does your company practice:

- ☐ On-site storage
- ☐ Off-site storage
- ☐ On-site disposal
- ☐ Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.
